

The Royal College of Ophthalmologists



**Quality Standards Development Group  
and  
Vision 2020 UK Learning Disabilities Group**

**Quality Standards for Services for Patients with Learning Disabilities**

**Introduction**

There are a number of reasons for wanting to know how well a clinical service is working. A commissioning organisation or a regulatory body may want evidence of quality to inform a commissioning decision or as part of an inspection. A department may wish to know how well it is doing in comparison with another department or whether it is improving, standing still, or deteriorating over a period of time. There are many possible ways of measuring quality ranging from opinions of service users and staff to hard measures of outcome such as mortality. However, good measures of quality may be defined as ones which ask questions which discriminate accurately between a service which is serving its patients well and one which is failing its patients.

The College's Quality Standards Group has produced a suite of simple self-assessment tools in draft form for the following clinical services: cataract, glaucoma, diabetic retinopathy, children and young adults, oculoplastics, age-related macular degeneration (AMD) and vitreoretinal surgery. The tools do not attempt to assess every aspect of each service, but focus on areas where problems are likely to show if the service is under stress. Very few clinical services will achieve a perfect score, so the questionnaires can be used as quality improvement tools as well as snapshot audit tools.

Please send feedback to [Beth Barnes](#), Head of Professional Standards.

Document supported by:



1. There is a nominated lead for Learning Disability who can be contacted by the community team to help coordinate care (this could be a consultant, a senior nurse or the Eye Clinic Liaison Officer)

EFFECTIVENESS 50%    PATIENT EXPERIENCE 50%

YES (score 1)     NO (score 0)     UNABLE TO ANSWER (score 0)

2. There is a mechanism by which patients and/or carers can alert reception staff that the patient may require reasonable adjustments (eg patient alert card)

EFFECTIVENESS 50%    PATIENT EXPERIENCE 50%

YES (score 1)     NO (score 0)     UNABLE TO ANSWER (score 0)

3. Clinical staff are proactive in asking patients or carers for their patient health passport, traffic light or hospital book which outlines communication and healthcare preference

SAFETY 50%    EFFECTIVENESS 50%

YES (score 1)     NO (score 0)     UNABLE TO ANSWER (score 0)

4. The department works with patients and carers to offer reasonable adjustments (eg appointment times, familiarisation visit, quiet area to wait, minimal waiting time)

EFFECTIVENESS 50%    PATIENT EXPERIENCE 50%

YES (score 1)     NO (score 0)     UNABLE TO ANSWER (score 0)

5. Patients undergo visual assessment appropriate to their ability, in particular considering an orthoptic or functional visual assessment.

EFFECTIVENESS 50%    PATIENT EXPERIENCE 50%

YES (score 1)     NO (score 0)     UNABLE TO ANSWER (score 0)

6. Patients are enabled to consent for examination (for example dilating drops) and treatment where possible (eg easyread information, clear explanation, additional time, support from advocate)

SAFETY 50%

PATIENT EXPERIENCE 50%

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

7. Concerns around consent does not preclude patients from benefitting from surgical intervention (eg family and carers, best interest meeting and IMCA or AWIA (Scotland), are involved as appropriate)

SAFETY 50%

PATIENT EXPERIENCE 50%

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

8. The department does not routinely discharge vulnerable patients who “DNA”.

SAFETY 100%

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

9. Patients with low vision are offered support (eg ECLO referral, CVI, LVA referral, signposted to community services and supported in adjusting to spectacle wear where necessary).

SAFETY 50%

EFFECTIVENESS 50%

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

10. Outcomes of clinic appointments are communicated in a manner appropriate for the patient and, with consent, to all members of the patient’s healthcare team.

SAFETY 50%

EFFECTIVENESS 50%

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Total Score:

Balance of Questions

SAFETY 35% PATIENT EXPERIENCE 30% EFFECTIVENESS 35%

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